

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
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Michael G. Adams
Secretary of State
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Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

1. The entity is a **limited liability company**.

2. The name of the entity is

CLEAR PRACTICE, PLLC

3. The state or country under whose law the entity is organized is **Illinois**.

4. The date of organization is **3/18/2024** and the period of duration is **perpetual**.

5. The mailing address of the entity's principal office is

13900 Riverport Drive, Maryland Heights, MO 63043

6. The street address of the entity's registered office in Kentucky is

306 West Main Street Suite 512, Frankfort, KY 40601

and the name of the registered agent at that office is **C T Corporation System**.

7. The names and business addresses of the entity's representatives:

Manager	Michael Fusco	13900 Riverport Maryland Heights Drive	MO	63043
Organizer	Michael Fusco	13900 Riverport Maryland Heights Drive	MO	63043

8. This entity is managed by **Managers**.

9. This application will be effective on **Friday, May 10, 2024**.

As the Authorized Representative, I, **Michael Fusco, M.D.**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Manager**

I, **Denise Bell**, consent to sign for **C T Corporation System** who serves as the **Registered Agent** on behalf of this limited liability company company.